



KENTUCKY BOARD OF LICENSURE FOR PASTORAL COUNSELORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601
(502)564-3296 ~ <http://klpc.ky.gov>

COMPLAINT FORM

APPLICATION INSTRUCTIONS

1. This application is to be used with Microsoft Word.
2. Press the TAB key to skip to the next field.
3. Once you have completed the form, you must print the form, and apply your handwritten signature. Complaint forms submitted without the appropriate signatures will be returned.
4. The completed application may be submitted to the Kentucky Board of Licensure Pastoral Counselors either by mail to P.O. Box 1360, Frankfort, Kentucky 40602 or by delivery to 911 Leawood Drive, Frankfort, Kentucky 40601.

Complaint No: _____

Date Received: _____

KENTUCKY BOARD OF LICENSURE FOR PASTORAL COUNSELORS

Complaint Form

Your Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: () - _____ Work Telephone: () - _____

Name of KY Licensed Pastoral Counselor your complaint is against: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Have you filed this complaint with other agencies? ☐ Yes ☐ No. If yes, list the agencies:

Brief Summary of Complaint

Please attach copies of any supporting documentation pertaining to the complaint. (A copy of your complaint will be sent to the counselor asking for a response. Your complaint and response will be presented to the board at the next scheduled meeting.)

By signing this complaint form, I hereby certify that the information is complete and true to the best of my knowledge.

Signature: _____ Date: _____

**Send to: KENTUCKY BOARD OF LICENSURE FOR PASTORAL COUNSELORS
PO BOX 1360
FRANKFORT, KY 40601**

**Phone: (502)564-3296
Fax: (502)564-4818**